

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-019311**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **249**

STATE FILE NUMBER

**FILED MAY 20 1963**

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in 1b <b>9 days</b>	c. CITY OR TOWN <b>Gordonville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>on upper street</b>
3. NAME OF DECEASED (Type or print) First <b>Hannah</b> Middle <b>Helen</b> Last <b>Ahrens</b>		4. DATE OF DEATH Month <b>May</b> Day <b>11</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-2-1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoe Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Industry</b>	9. AGE (last birthday) <b>72</b>
13a. FATHER'S NAME <b>Ferdinand Hargens</b>		13b. MOTHER'S MAIDEN NAME <b>Pauline Kuehle</b>	11. BIRTHPLACE (City and state or country) <b>Gordonville, Mo.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of war) <b>NO</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia and intestinal obstruction</b>		14. NAME OF HUSBAND OR WIFE <b>Albert L. Ahrens</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Metastatic carcinoma</b>		17. INFORMANT <b>Alberta Gross</b>	
DUE TO (c) <b>Carcinoma of the bladder</b>		Address <b>Gordonville, Mo.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour <b>6:05</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Gordonville, Mo.</b>	
21. I attended the deceased from <b>1-11-63</b> to <b>5-11-63</b> and last saw her alive on <b>5-11-63</b>		22. ADDRESS <b>219 North Pacific, Cape Girardeau, Missouri</b>	
Death occurred at <b>6:05 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>5-14-63</b>	
22a. SIGNATURE <b>L.P. Seabough, M.D.</b>		22b. DATE <b>5-14-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. NAME OF CEMETERY OR CREMATOR <b>Zion Meth. Cemetery</b>	
23c. DATE <b>5-14-1963</b>		23d. LOCATION (City, town, or county) <b>Gordonville, Mo.</b>	
24. FUNERAL DIRECTOR <b>Ford &amp; Sons</b>		25. DATE REC'D. BY LOCAL REG. <b>5-15-63</b>	
ADDRESS <b>Cape Girardeau, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Gene Kasten</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 22 1963

JUN 25 1963

JUL 1 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

W. J. Ind

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.